

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 1 1

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

Medicaid

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

JULY 1, 2002  
~~April 1, 2002~~

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

XXIX AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-  
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Main Plan - page 12  
Attachment 2.2-A  
pages 18, 18a, and 24  
Attachment 2.6-A  
pages 7, 7a, 9, 10, & 12  
Supp 1, pages 1&2, Supp. 6, page 1 & Supp 13,  
Appendix 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Same  
Delete Attach 2.2A page 19 (TV 92-11)

10. SUBJECT OF AMENDMENT:

This amendment is necessary to correct existing State Plan  
pages to reflect current policies and related federal citations.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

XXXX OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director  
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Georges C. Benjamin, M.D.

14. TITLE: Secretary

15. DATE SUBMITTED: June 26, 2002

16. RETURN TO:

Susan J. Tucker, Executive Director  
Office of Health Services  
DHMH  
201 West Preston Street, Rm. 127  
Baltimore, Maryland 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JULY 21, 2002

18. DATE APPROVED:

JAN 27 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Mary T. McSweeney

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

State: MARYLANDCitation  
42 CFR  
435.102.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in  
ATTACHMENT 2.2-A.

☐

Mandatory categorically needy and other required  
special groups only.

☐

Mandatory categorically needy, other required  
special groups, and the medically needy, but no  
other optional groups.

☐

Mandatory categorically needy, other required  
special groups, and specified optional groups.

☒

Mandatory categorically needy, other required  
special groups, specified optional groups, and the  
medically needy.

The conditions of eligibility that must be met  
are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435  
and sections 1902(a)(10)(A)(i)(IV), (V), and  
(VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E),  
1902(l) and (m), 1905(p), (q) and (s), 1920,  
and 1925 of Act are met.

TN No. 02-11

Supersedes

TN No. 92-11

Approval Date

JAN 27 2003

Effective Date

JULY 1, 2002

HCFA ID: 7982E

State: MARYLAND

Agency\* Citation(s)                      Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (4) Aged individuals in domiciliary facilities or  
other group living arrangements as defined  
under SSI.
- (5) Blind individuals in domiciliary facilities or  
other group living arrangements as defined  
under SSI.
- (6) Disabled individuals in domiciliary facilities  
or other group living arrangements as defined  
under SSI.
- (7) Individuals receiving federally administered  
optional State supplement that meets the  
conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered  
optional State supplement that meets the  
conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications  
approved by the Secretary as follows:

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TN No. 02-11  
Supersedes  
TN No. 92-11

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Agency\*      Citation(s)      Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

           Yes

           No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Groups Covered

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C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

☐

No.

☒

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60<sup>th</sup> day falls.
3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

1902(e) of the Act

1902(a)(10)  
(C)(ii)(I)  
of the ActTN No. 02-11

Supersedes

TN No. 92-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r) (2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>_____ (a) The methods under the State's approved AFDC plan only; or</p> <p><u>X</u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e) (6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.</p>

TN No. 02-11

Supersedes

TN No. 93-1

Approval Date JAN 27 2003

Effective Date JULY 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B) (m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:  The methods of the SSI program only.  <u>X</u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

State: MARYLAND

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m) (1) (B), (m) (4), and 1902(r) (2) of the Act	<p>c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used:</p> <p>_____ The methods of the SSI program only.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ For institutional couples, the methods specified under section 1611(e) (5) of the Act.</p> <p>_____ For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p>_____ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p>_____ SSI methods only.</p> <p>_____ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

TN No. 02-11  
Supersedes  
TN No. 92-11

JAN 27 2003  
Approval Date \_\_\_\_\_

Effective Date July 1, 2002  
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